

<b>1. CIR./DIST./DIV. CODE</b> GUX		<b>2. PERSON REPRESENTED</b> HONG, DONG PYO		<b>VOUCHER NUMBER</b>			
<b>3. MAG. DKT./DEF. NUMBER</b>		<b>4. DIST. DKT./DEF. NUMBER</b> 1:06-000058-001		<b>5. APPEALS DKT./DEF. NUMBER</b>			
<b>7. IN CASE/MATTER OF (Case Name)</b> U.S. v. HONG		<b>8. PAYMENT CATEGORY</b> Felony		<b>9. TYPE PERSON REPRESENTED</b> Adult Defendant			
<b>10. REPRESENTATION TYPE</b> (See Instructions) Criminal Case							
<b>11. OFFENSE(S) CHARGED (Cite U.S. Code, Title &amp; Section).</b> If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1028A.F -- FRAUD WITH IDENTIFICATION DOCUMENTS							
<b>12. ATTORNEY'S STATEMENT</b> As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: Authorization to obtain the service. Estimated Compensation: \$ _____ OR Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500)  _____ Signature of Attorney _____ Date _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address: _____  Telephone Number: _____							
<b>13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)</b>  <b>15. Court Order</b> Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.  _____ Signature of Presiding Judicial Officer or By Order of the Court  _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>14. TYPE OF SERVICE PROVIDER</b> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;">           01 Investigator            02 <input checked="" type="checkbox"/> Interpreter/Translator            03 Psychologist            04 Psychiatrist            05 Polygraph Examiner            06 Documents Examiner            07 Fingerprint Analyst            08 Accountant            09 CALR (Westlaw/Lexis, etc)            10 Chemist/Toxicologist            11 Ballistics Expert            13 Weapons/Firearms/Explosive Expert            14 Pathologist/Medical Examiner            15 Other Medical Expert            16 Voice/Audio Analyst            17 Hair/Fiber Expert            18 Computer (Hardware/Software/Systems)            19 Paralegal Services         </td> <td style="width:50%; vertical-align: top;">           20 Legal Analyst/Consultant            21 Jury Consultant            22 Mitigation Specialist            23 Duplication Services (See Instructions)            24 Other (specify) _____         </td> </tr> </table>			01 Investigator 02 <input checked="" type="checkbox"/> Interpreter/Translator 03 Psychologist 04 Psychiatrist 05 Polygraph Examiner 06 Documents Examiner 07 Fingerprint Analyst 08 Accountant 09 CALR (Westlaw/Lexis, etc) 10 Chemist/Toxicologist 11 Ballistics Expert 13 Weapons/Firearms/Explosive Expert 14 Pathologist/Medical Examiner 15 Other Medical Expert 16 Voice/Audio Analyst 17 Hair/Fiber Expert 18 Computer (Hardware/Software/Systems) 19 Paralegal Services	20 Legal Analyst/Consultant 21 Jury Consultant 22 Mitigation Specialist 23 Duplication Services (See Instructions) 24 Other (specify) _____
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<b>16. SERVICES AND EXPENSES</b> (Attach itemization of services and expenses with dates)		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT			
a. Compensation							
b. Travel Expenses (lodging, parking, meals, mileage, etc.)							
c. Other Expenses							
<b>17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS</b>  _____ TIN: _____ Telephone Number: _____ <b>CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____</b> <b>CLAIM STATUS</b> <input type="checkbox"/> Final <input type="checkbox"/> Interim Payment Number _____ Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: _____ Date: _____							
<b>18. CERTIFICATION OF ATTORNEY:</b> I hereby certify that the services were rendered for this case.  Signature of Attorney: _____ Date: _____							
<b>19. TOTAL COMPENSATION</b>		<b>20. TRAVEL EXPENSES</b>		<b>21. OTHER EXPENSES</b>			
<b>23.</b> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.  Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____							
<b>24. TOTAL COMPENSATION</b>		<b>25. TRAVEL EXPENSES</b>		<b>26. OTHER EXPENSES</b>			
<b>27. TOTAL AMOUNT APPROVED</b>							
<b>28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)</b>  Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____							